2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000016051

Principal Place of Business

SIGNATURE:

3 BIG DOGS PROPERTIES, INC.



Mailing Address

5514 PARK BLVD 5514 PARK BLVD

PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781

FILED Mar 16, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02132006	No Cha-P	CR2E034 (11/05)

4. FEI Number 02-0568689 Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ENGLANDER, LEONARD S 721 1ST AVE N

DO NOT WRITE ST PETERSBURG, FL 33701 IN THIS SPACE

			}			
8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registers	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.						
	Signature, typed or printed name of registered agent and fitte if	applicable. (NOTE Registere	d Agant signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Finan Trust Fund Contribution. 	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROSS, JOHN E 3010 82 WAY SAINT PETERSBURG, FL 33710			UB0080468914		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODERICK, ROGER B 5514 PARK BLVD PINELLAS PARK, FL 33781		03/25/06-80007-020 150.00			
THTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
THE NAME STREET ADDRESS CHY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal affect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

RINTED NAME OF SIGHING OFFICER OR DIRECTOR